

10/004,429

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	SF		12-10-01
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	CM	107477	02/10/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
I Allowed I Interference
- (Through numeral) Canceled A Appeal
+ Restricted O Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
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41	✓
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44	✓
45	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
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Claim	Date
Final Original	
101	✓
102	✓
103	✓
104	✓
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144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

A CT INNOV